

**Cost Sheet –Monthly Costs
January 1, 2008-December 31, 2008**

*Your payroll deductions for your medical and dental coverage will be taken on a pre-tax basis.
Life Insurance deductions are taken on a post-tax basis.*

Medical Coverage

Cigna Open Access Plus

Single \$68.27 Family \$231.03

Cigna Network POS

Single 59.90 Family \$246.14

Blue Cross & Blue Shield Blue Advantage

Single 54.35 Family 184.78

Blue Cross & Blue Shield HMO Illinois

Single 61.34 Family 208.55

Dental Coverage

Cigna Dental PPO

Single \$9.31 Family \$48.20

Cigna Dental Health HMO

Single \$9.60 Family \$27.32

Life Insurance

Basic *(one times annual base pay rounded to nearest \$1,000, \$300,000 maximum)* Full cost paid by FRA

Supplemental Life Insurance

Evidence of insurability required for amounts above \$500,000 and for Supplemental III and IV

Supplemental I *(additional one times your annual base pay rounded to nearest \$1,000)*

Supplemental II *(additional two times your annual base pay rounded to nearest \$1,000)*

Supplemental III *(additional three times your annual base pay rounded to nearest \$1,000)*

Supplemental IV *(additional four times your annual base pay rounded to nearest \$1,000)*

<i>Employee Age</i>	<i>Cost per \$1,000 of coverage</i>	<i>Employee Age</i>	<i>Cost per \$1,000 of coverage</i>
Under 30	.04	50 to 54	.21
30 to 34	.06	55 to 59	.38
35 to 39	.07	60 to 64	.55
40 to 44	.09	65 to 69	.88
45 to 49	.13	70 & Over	1.46

Dependent Life Insurance Coverage

Option A Spouse \$5,000 Children \$2,000 .663

Option B Spouse \$10,000 Children \$4,000 1.309

Accidental Death and Dismemberment

Basic *(one times annual base pay rounded to nearest \$1,000, \$12,500 maximum)* Full cost paid by FRA

Long Term Disability

Basic .3588% of basic monthly salary (maximum \$71.76)